

Table of Contents

PROCEDURE CODES/REIMBURSEMENT RATES	900-2
---	-------

900 - REIMBURSEMENT CODES AND RATES

The care coordinator issues a paper copy of the SAF to the provider. The Division of Aging Services electronically transmits the SAFs to ACS.

Services must be rendered before providers submit claims for reimbursement.

DMA does not reimburse for services furnished by legally responsible relatives of the client.

EXCEPTION: The DCH considers on a case-by-case basis extenuating circumstances that justify approval of family members (other than spouses and parents of minor children) as providers.

Reimbursement is made to CCSP providers who have:

- Completed the CCSP enrollment process
- Been assigned a CCSP Medicaid Provider Number
- Delivered services ordered on the Comprehensive Care Plan
- Received the Service Authorization Form (SAF).

A client may receive more than one service within a single waiver program, but a client may not participate in more than one waiver program at the same time. When providers submit claims for services rendered to the same client under more than one waiver program, DCH pays only one provider.

CCSP and other waiver clients are not eligible to enroll in Medicaid HMOs.

Source: Part II, Chapter 1000 & Appendix U, *Policies and Procedures for Community Care Services (CCSP) General Manual*